

FILED SEP 24 1948

318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 8147

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 1 years, months or days

3. (a) PRINT FULL NAME JAMES MCGUIRE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W. 6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If 18 years
7. Birth date of deceased FEB. 3 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 12 If less than one day
hr. min.

9. Birthplace IRELAND
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name UNKNOWN MCGUIRE

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Weir

(b) Address 2752 Armand Place

17. (a) BURIAL (b) Date thereof Sept 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schuer

(b) Address 3125 Lafayette Av.

19. (a) SEP 17 1948 (b) J. J. Bressan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town 2752 Armand Pl.
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial (If rural, give location)
(e) Citizen of foreign country? 33 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1948 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 9/2/48
1948, to Sept. 15th 1948
that I last saw him im alive on Sept. 15th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Benign Prostatic Hypertrophy & Chronic Obstruction, pyelonephritis and uremia Duration _____
Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 121

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? St. Louis Specify type of place _____ Means of injury _____

23. Signature 1515 Lafayette 8/15/48

Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.